

## City Of Springfield

Annual Deductible	Per Person, Per Calendar Year	Per Family, Per Calendar Year
All Providers	\$1,500	\$3,000
Out-of-Pocket Limit	Per Person, Per Calendar Year	Per Family, Per Calendar Year
Participating Providers	\$2,000	\$4,000
Non-participating Providers	\$10,000	N/A

The member is responsible for the above deductible and the following co-insurance:

Service	Participating Providers:	Non-participating Providers:
<b>Preventive Care</b>		
Well baby/Well child care	No charge*	20% co-insurance*
Routine physicals	No charge*	20% co-insurance*
Well woman visits	No charge*	20% co-insurance*
Routine mammograms	No charge*	20% co-insurance*
Immunizations	No charge*	20% co-insurance*
Routine colonoscopy, ages 50-75	No charge*	20% co-insurance*
Prostate cancer screening	No charge*	20% co-insurance
<b>Professional Services</b>		
Office and home visits	10% co-insurance	20% co-insurance
Specialty office and home visits	10% co-insurance	20% co-insurance
Office procedures and supplies	10% co-insurance	20% co-insurance
Surgery	10% co-insurance	20% co-insurance
Outpatient rehabilitation services	10% co-insurance	20% co-insurance
<b>Hospital Services</b>		
Inpatient room and board	10% co-insurance	20% co-insurance
Inpatient rehabilitation services	10% co-insurance	20% co-insurance
Skilled nursing facility care	10% co-insurance	20% co-insurance
<b>Outpatient Services</b>		
Outpatient surgery/services	10% co-insurance	20% co-insurance
Advanced diagnostic imaging	10% co-insurance	20% co-insurance
Diagnostic and therapeutic radiology and lab	10% co-insurance	20% co-insurance
<b>Urgent and Emergency Services</b>		
Urgent care center visits	10% co-insurance	20% co-insurance
Emergency room visits	10% co-insurance^	20% co-insurance^
Ambulance, ground	10% co-insurance	10% co-insurance
Ambulance, air	10% co-insurance	10% co-insurance
<b>Maternity Services</b>		
Physician/Provider services (global charge)	10% co-insurance	20% co-insurance
Hospital/Facility services	10% co-insurance	20% co-insurance
<b>Mental Health/Chemical Dependency Services</b>		
Office visits	10% co-insurance	20% co-insurance
Inpatient care	10% co-insurance	20% co-insurance
Residential programs	10% co-insurance	20% co-insurance

Other Covered Services		
Allergy injections	10% co-insurance	20% co-insurance
Durable medical equipment	10% co-insurance	20% co-insurance
Home health care	10% co-insurance	20% co-insurance
Temporomandibular Joint (TMJ) Services	50% co-insurance	50% co-insurance
Chiropractic Care	10% co-insurance	20% co-insurance
Transplants	No charge	20% co-insurance

This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

^ For emergency medical conditions, non-participating providers are paid at the participating provider level.

\* Not subject to annual deductible.

# Additional Information

## What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see on the Medical Benefit Summary that many services, particularly preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, individual deductibles apply only until the family deductible has been met. Deductible expense is applied to the out-of-pocket limit.

## What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved medical expenses during the plan year. Once the out-of-pocket limit has been met, the plan will pay 100% of covered charges for the rest of that year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, individual out-of-pocket limits apply only until the family out-of-pocket limit has been met. Be sure to check your Member Handbook, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Participating provider expense and non-participating provider expense apply together toward your out-of-pocket limits.

## Payments to providers

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, non-participating providers may not. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated.